

Due by: April 15, 2006

Team Nutrition Mini-grant application for Go The Distance Day

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TN Team Leader(s)	Position	School	Address	phone	e-mail
Other TN Team members					
Principal or Adult Leader					

Budget - Identify items to be purchased and estimated costs. (2 points possible)

Classroom supplies	Cost	Staff time	Cost	Food	Cost
Music CD	\$ 20	Planning time	Total \$80	Food for GTD day	Total \$270
Video	\$30				
	Total \$50				
Equipment	Cost	Office (printing, postage, etc.)	Cost	Equipment	Cost
Jump ropes					
	Total \$100		total		total
Total Amount Requested _____ \$500 _____					

Check which of the five Team Nutrition messages you will be using in your activity: (maximum of 5 points possible)

- ☒ Eat a variety of foods
☒ Eat more fruits, vegetables, and whole grains
☐ Eat lower fat foods more often, and
☒ Be physically active
☐ Eat calcium rich foods

Check Team Nutrition education channels covered by your Team Nutrition plan (1 point per channel or component checked- 6 possible)

Team Nutrition Education Channels

Classroom	School	Food service	Home	Community	Media
X	X	X			

1. What were the priorities identified in your plan and how do the proposed activities address them? (2 points)

Our school wants to promote healthy eating and physical activity and will plan a healthy snack in conjunction with the Go the Distance Day.

2. Describe activities you plan to conduct with the mini-grant and how they support the five Team Nutrition messages. (2 points)

We will provide fresh fruits and vegetables as snacks following our physical activity in Go the Distance Day.

Group Name_____

3. How will the items listed in the budget support these activities? (2 points)

The items in the budget will be used for the Go the Distance Day activity.

4. (BONUS POINTS - OPTIONAL) Describe Team Nutrition activities planned for the community using in-kind support, over and above activities supported with the mini-grant (2 points)

If you are implementing the Team Nutrition curriculum as part of your plan, you may also request one free module while supplies last. Please check the module you are requesting: pre-K and Kindergarten____ grades 1-2____ grades 3-5____ middle school____

I understand that as a condition of our school or group receiving this mini-grant, I will submit a brief description of the activity funded by the grant and submit receipts for payment of expenses.

(Teacher or Principal - print name)

(Principal or teacher - signature)

Date signed